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Application Data Shaper R 1.76 Title of Invention GLYCOPEGY		Attorney Docket Number 40853-5146US			
		Application Number	10/581,538		
		ATED FOLLICLE STIMULATING HORMONE			
the bibliographic data arrange	ed in a format specified pleted electronically and	by the United States Patent and Tradem d submitted to the Office in electronic fo	it is being submitted. The following form contains nark Office as outlined in 37 CFR 1.76. Irmat using the Electronic Filing System (EFS) or		

Secrecy Order	37 CFR 5.2
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Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to
 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)

Applicant Information:

Applic	ant 1				•									
Applica	ant Aut	hority 🛭 Inventor	Leg	gal f	Representative	unde	er 35	U.S.C	C. 117		☐ Pa 118	irty of In	terest under 3	5 U.S.C.
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Mailing	Addre	ess of Applicant:	•									· · · · · ·		
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Applic	ant 2				•									
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Postal Code		92122					Cour	ntry		US	3			

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Applic	ant 3													
Applica	ant Aut	hority	Inventor	Leg	gal R	epresentative	under	35 U.S.	C. 117	☐ Par 118	ty of In	terest und	der 3	5 U.S.C.
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Email A	Addres	s	ebaba@m	organlew	is.co	<u>om</u>								
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A 1: 1: D 4 01	4.07.050.4.70	Attorney Docket Number	40853-5146US
Application Data Sheet 37 CFR 1.76		Application Number	10/581,538
Title of Invention	GLYCOPEGYLA	ATED FOLLICLE STIMULATING	G HORMONE
Publication Informa	tion:		
☐ Request Early P	ublication (Fee required	at time of Request 37 CFR 1.219)	
Request Not to certify that the in	Publish. I hereby reque vention disclosed in the	est that the attached application no attached application has not been	of the published under 35 U.S.C. 122(b) and and will not be the subject of an application

filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.

Representative Information:

information in the Appl	ication Data Sheet does not	constitute a power of attorney i	of attorney in the application. Providing this n the application (see 37 CFR 1.32).
		Representative Name section tive Information during processi	below. If both sections are completed the ng.
Please Select One:	☐ Customer Number	☐ US Patent Practitioner	☐ US Representative (37 CFR 11.9)
Customer Number	43850	<u></u>	

Domestic Priority Information:

This section allows for the applicant to claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c). Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.

Prior Application Status	Pending		
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
This application 10/581,538	National Phase of	PCT/US2004/040709	2004-12-03
PCT/US2004/040709	An application claiming the benefit under 35 USC 119(e)	60/623,387	2004-10-29
PCT/US2004/040709	An application claiming the benefit under 35 USC 119(e)	60/614,518	2004-09-29
PCT/US2004/040709	An application claiming the benefit under 35 USC 119(e)	60/592,744	2004-07-29
PCT/US2004/040709	An application claiming the benefit under 35 USC 119(e)	60/539,387	2004-01-26
PCT/US2004/040709	An application claiming the benefit under 35 USC 119(e)	60/527,082	2003-12-03

Foreign Priority Information:

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

Application Number	Country	Filing Date (YYYY-MM-DD)	Priority Claimed
PCT/US2004/040709	wo	2004-12-03	⊠ Yes □ No

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│ Application Data Sheet 37 CFR 1.76 ├		Attorney Docket Number	40853-5146US	
		Application Number	10/581,538	
Title of Invention	GLYCOPEGYLAT	ED FOLLICLE STIMULATING	HORMONE	

Assignee Information:

Providir 37 of th	ng this info	ormation in the application da have an assignment recorde	ta sheet does not d in the Office.	substitute for com	pliance with any require	ment of part 3 of Title
Assign	nee 1					•
If the A	ssignee is	an Organization check here.				
Prefix	Given N	Name	Middle Name	Family Nam	ne	Suffix
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Mailing	Address	s Information:				
Addres	ss 1					1.50
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Addition	nal Assigr	nee Data be produced within t	this form by addin	g a row beneath th	is row.	

Signature:

	f the applicant or	represen	tative is required	in accordance w	th 37 CFR 1.33 and 10.18. Pleas	e see 37 CFR 1.4
Signature	1925	2/			Date (YYYY-MM-DD)	2007-04-10
First Name	Edward J.	/	Last Name	Baba	Registration Number	52,581